

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572947

FILING DATE

OFFICER

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2								51					
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47								96					
48								97					
49								98					
50								99					
TOTAL DCL.								100					
TOTAL DEP.								TOTAL DCL.					
TOTAL CLAIMS								TOTAL DEP.					
								TOTAL CLAIMS					